PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifications. | correspondence includited below or directed of | for transmitting t ng the Patent, ad herwise in Block | he ISSUE vance order 1, by (a) s | FEE and PUBLICATE and notification of pecifying a new con | TION FEE (if required f maintenance fees verspondence address | ired). I will be ; and/or | Blocks 1 through 5 sh mailed to the current r (b) indicating a sepa | nould be completed where correspondence address as rate "FEE ADDRESS" for |
|--|--|---|--|--|---|---------------------------------|---|---|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 29858 7590 01/25/2007 | | | | | | | | |
| THELEN REID BROWN RAYSMAN & STEINER LLP 900 THIRD AVENUE NEW YORK, NY 10022 | | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| | | | | | (Depositor's name) | | | |
| | | | | | | | (Signature) | |
| | | | | | | | | (Date) |
| APPLICATION NO. | APPLICATION NO. FILING DATE | | FIR | ST NAMED INVENT | OR ATTORNEY DOCKET NO. CONFIRMATION NO. | | CONFIRMATION NO. | |
| 10/623,115 07/18/2003 John Joseph M. Carrasco OVIVIII8-02 4451 TITLE OF INVENTION: DISAMBIGUATION OF SEARCH PHRASES USING INTERPRETATION CLUSTERS (OOO) 39-433 | | | | | | | | |
| APPLN, TYPE | SMALL ENTITY | L ENTITY ISSUE FEE DUE | | JBLICATION FEE DU | PREV. PAID ISSUE FEE | | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | | \$300 | \$0 | | \$1700 | 04/25/2007 |
| EXAMINER ART UNIT | | | CLASS-SUBCLASS | SS | | | | |
| LEROUX, ETIENNE PIERRE 2161 | | | | 707-003000 | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (3' CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. | | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Com | | ssignee data n is NOT a | a will appear on the substitute for filing a | ••• | | | cument has been filed for |
| OVERTURE SERVICES, INC. PASADENÁ, CA | | | | | | | | |
| | iate assignee category or | | ot be printe | | | | on or other private grou | up entity Government |
| 4a. The following fee(s) are submitted: X | | | | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50 402 (c) (enclose an extra copy of this form). | | | | |
| | tus (from status indicate | d above) | | · · | | | | |
| | s SMALL ENTITY state | | | | | | CITY status. See 37 CF | |
| NOTE: The Issue Fee an interest as shown by the | d Publication Fee (if requestrongs of the United Sec | nired) will not be ites Patent and Tra | accepted fro demark Off | om anyone other that fice. | the applicant; a regi | stered a | ttorney or agent; or the | assignee or other party in |
| Authorized Signature | | | | | Date 4/25 | 5/20 | 07 | |
| Typed or printed name Timothy/J. Bechen | | | | · · · · · · · · · · · · · · · · · · · | Registration No. 48,126 | | | |
| This collection of informan application. Confiden | nation is required by 37 C tiality is governed by 35 | CFR 1.311. The int | formation is 7 CFR 1.14 | required to obtain of | r retain a benefit by the stimated to take 12 r | he publ | ic which is to file (and to complete, including | by the USPTO to process) gathering, preparing, and |

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.